

Chronic Medication Indemnity and Advance Supply Form 2019

For Plus, Comprehensive, Traditional and Core Saver plans

Who we are

Bankmed (referred to as 'the Scheme'), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

How to complete this form

1. Ensure you use one letter per block, complete with black ink and print clearly
2. Please include a prescription letter covering the duration of your trip and a copy of your travel ticket or itinerary
3. Kindly e-mail the completed form to chronic@bankmed.co.za
4. To avoid administration delays, kindly ensure this application is completed in full.

Chronic Medication Indemnity

To whom it may concern

Membership number:

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 RSA identity number:

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 Date:

Y	Y	Y	Y	M	M	D	D
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Dear Sir / Madam

This is to certify that I, _____ main member's name and surname
 of _____ address
 do hereby confirm that I am willing to accept liability for the full payment of the extended prescription for the period of _____ months months,
 namely _____ duration
 for _____ name of beneficiary (member or dependant) in need of the medication
 in the event of my ceasing to be a member of Bankmed prior to the expiry of the said prescription.

Signed on this _____ day of _____ 20 _____

Signature of member

Please do not sign an incomplete application form

Witness signature

Please do not sign an incomplete application form

Request for Advance Supply of Chronic Medication

Membership Information

Membership number:

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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Return date to South Africa:

I will require _____ (number of months) advance supply of my chronic medication and I will be collecting the medication from _____ (Pharmacy name) between the following dates _____ and _____

(Please supply the dates within a five day period during which it will be convenient for you to collect the advance supply of chronic medication from the pharmacy).

Please note that the medication may only be claimed within this five day period.